

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044803

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 24

FILED DEC 13 1963

## 1. PLACE OF DEATH

a. COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN StellaLength of stay in 1b  
14 Daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Cardwell MemorialInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY McDonald

c. CITY OR TOWN Noel

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Rt. # 2Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Edna Genevieve Graham4. DATE OF DEATH  
Month Day Year  
November 20, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
4-14-19239. AGE (last birthday)  
40IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Licensed Practical Nurse10b. KIND OF BUSINESS OR INDUSTRY  
Retired11. BIRTHPLACE (City and state or country)  
McDonald Co. near Noel12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

James Edward Graham

## 13b. MOTHER'S MAIDEN NAME

Fern Jane Sumner

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 17. INFORMANT

Address

Ed Graham, Rt. # 2, Noel, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

metastatic carcinoma  
original site, left femur  
metastasis to lung, intestine, rectum,  
ovary, genitaliaINTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 63 to Nov 20 63 and last saw her alive on Nov 20 - 63  
Death occurred at 11:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

D.D. Downward D.D.

## 22b. ADDRESS

Noel, Mo.

## 22c. DATE SIGNED

11-23/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

## 23b. DATE

11-23-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Pineville Cemetery

## 23d. LOCATION (City, town, or county)

Pineville, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

DOWNEY-WOODARD-MOONEY, INC. Pineville, Mo.

## 25. DATE RECD. BY LOCAL REG.

11-27-63

## 26. REGISTRAR'S SIGNATURE

Medard Moherky

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0730

2 0600

3

4 1

5 0

6

7 0

8 0

9 1967

10

11

12 1-2

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Mauphau G. Mooney

Licensed Embalmer No. 5199

P. O. Address Anderson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.